## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** 

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Part I		t Identification Information									
For calenda	ar plan year 2016 or	fiscal plan year beginning 01/01/2	016		and ending 1	2/31/2016					
A This ret	curn/report is for:	X a single-employer plan				er) (Filers checking this box must attach a n accordance with the form instructions.)					
		a one-participant plan	af	foreign plan	•			,			
<b>B</b> This retu	urn/report is	the first return/report	H	final return/report							
0		an amended return/report	∐as	short plan year return	/report (less than 12 m	_					
C Check I	oox if filing under:	Form 5558	automatic extension DFVC program								
Dort II	Dania Dian Inf	special extension (enter descr									
Part II		ormation—enter all requested inf	ormatic	on		4 h =	1				
1a Name	of plan DNAL TELCOM, LTD	101(K) PLAN				1b Thre	e-digit number				
INTERNATIO	SNAL TELOOW, ETC	7. 40 ((t) 1 LAN				(PN)		001			
						1c Effective date of plan 08/07/1996					
22 Dian a		lover if for a single applever plan)				0h = 1					
Mailing	2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					<b>2b</b> Employer Identification Number (EIN) 91-1579975					
•	TERNATIONAL TELCOM, LTD.					<b>2c</b> Sponsor's telephone number 206-312-1598					
						<b>2d</b> Busir	ness code (	see instructions)			
417 - 2ND A\							5170				
SEATTLE, W	/A 98119										
<b>3a</b> Plan a	dministrator's name	and address X Same as Plan Spon	isor.			<b>3b</b> Admi	nistrator's I	ΞIN			
						3c Admi	nistrator's t	elephone number			
		he plan sponsor has changed since tumber from the last return/report.	the last	t return/report filed fo	r this plan, enter the	4b EIN					
<b>a</b> Spons	or's name					4c PN					
<b>5a</b> Total r	number of participan	ts at the beginning of the plan year				5a		59			
		ts at the end of the plan year				5b		4			
	er of participants with lete this item)	h account balances as of the end of t	he plar	n year (only defined o	contribution plans	5c		2			
<b>d(1)</b> Tota	al number of active p	participants at the beginning of the pla	an year	r		5d(1)		5			
		participants at the end of the plan year				5d(2)		3			
than	100% vested	at terminated employment during the				5e					
		e or incomplete filing of this return						-1-1 0 ! ! !			
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a molete									
SIGN		d/valid electronic signature.		07/31/2017	LESLIE BEACH						
HERE	Signature of plan			Date	Enter name of individ	lual signing	as plan adr	ninistrator			

Date

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

**HERE** 

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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<b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									X Yes [	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann								X Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not determ	nined
Pa	rt III Financial Information						_			
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a		762184					2399160	
b	Total plan liabilities									
С	Net plan assets (subtract line 7b from line 7a)	7c	2	762184					2399160	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
а	Contributions received or receivable from:			13178						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		131785						
	(3) Others (including rollovers)	8a(3)		132094						
	Other income (loss)	8b		132094	-				077057	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							277057	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		638259						
е	Certain deemed and/or corrective distributions (see instructions).	8e		1822						
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							640081	
i	Net income (loss) (subtract line 8h from line 8c)	8i		-36				-363024		
j	Transfers to (from) the plan (see instructions)	8i								
Pai	rt IV Plan Characteristics	, <u>, , , , , , , , , , , , , , , , , , </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	ictions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Normal)	oluntary F	Fiduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X				2	239916
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)	ne or all of	the benefits under	10e	Х					3546
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g	X					27884
h	2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						

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Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)				Y	es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a		•	
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f	ΠY	es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter i		of the letter Year _	ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		🗌	Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X No	)
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug				Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia ne number	an's
Par	t IX	IRS Compliance Questions		•			
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	Test	ar" ADP
				rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat per test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determir	ation
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa		Ye	s [	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	t Identification Information					
For calendar plan year 2016 or	fiscal plan year beginning 01/01/20	016	and ending 12	/31/2016		
	X a single-employer plan		oyer plan (not multiemployer)			
A This return/report is for:			ting employer information in a	accordance with the fo	orm instructions.)	
	a one-participant plan	a foreign plan				
	П.,	п	C. 1700 V			
B This return/report is	the first return/report	the final return/r				
	an amended return/report	a short plan yea	r return/report (less than 12 i	months)		
C Check box if filing under:	☐ Form 5558	automatic exter	nsion	☐ DFVC program		
	special extension (enter desc	cription)				
Part II Basic Plan Info	ormation—enter all requested in					
1a Name of plan	ormation enter an requested in	iloittiatiott		1b Three-digit		
INTERNATIONAL TELCOM, LTD	), 401(k) PLAN			plan number		
10 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C				(PN) ▶	001	
				1c Effective date 08/07/1996	e of plan	
2a Plan sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer Ide	ntification Number	
	om, apt., suite no. and street, or P.C		a instructions)	(EIN) 91-1579	9975	
INTERNATIONAL TELCOM, LTD	ce, country, and ZIP or foreign post	tai code (ii foreign, se	e instructions)	2c Sponsor's tel	lephone number	
			6) 312-1598			
				2d Business code (see instructions)		
417 - 2ND AVE. W.				517000		
SEATTLE, WA 98119						
3a Plan administrator's name a	and address 🏿 Same as Plan Spor	nsor.		3b Administrator	's EIN	
				•		
				3C Administrator	's telephone number	
4 If the name and/or EIN of th	a plan apparat has abanced since	the last return/report	filed for this plan anter the	45 ====		
	ne plan sponsor has changed since umber from the last return/report.	the last return/report	filed for this plan, enter the	4b EIN		
a Sponsor's name	<ul> <li>6.00 ± 0.</li></ul>					
				4c PN		
5a Total number of participants	s at the beginning of the plan year				59	
2 550 B S S S S					59 48	
<b>b</b> Total number of participants	s at the beginning of the plan year s at the end of the plan yearaccount balances as of the end of			. 5a . 5b	48	
<ul><li>b Total number of participants</li><li>c Number of participants with</li></ul>	s at the end of the plan year	the plan year (only de	efined contribution plans	5a 5b 5c	48 25	
<ul> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li> </ul>	at the end of the plan yearaccount balances as of the end of	the plan year (only de	efined contribution plans	. 5a . 5b	48	
<ul> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li></ul>	at the end of the plan yearaccount balances as of the end of	the plan year (only de	efined contribution plans	5a 5b 5c	48 25	
<ul> <li>b Total number of participants</li> <li>c Number of participants with complete this item)</li></ul>	account balances as of the end of the planticipants at the beginning of the planticipants at the end of the en	the plan year (only de	efined contribution plans	5a 5b 5c 5d(1) 5d(2)	48 25 50	
b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested	account balances as of the end of account balances as of the end of articipants at the beginning of the planticipants at the end of the plan year terminated employment during the	the plan year (only de lan yearar arar	efined contribution plans ed benefits that were less	5a 5b 5c 5d(1) 5d(2) 5e	48 25 50 37	
b Total number of participants c Number of participants with complete this item) d(1) Total number of active pa d(2) Total number of active pa e Number of participants that than 100% vested Caution: A penalty for the late Under penalties of perjury and of	account balances as of the end of account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction.	the plan year (only de lan yearan yearararararararar	efined contribution plans  ed benefits that were less  ssed unless reasonable ca have examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established.	48 25 50 37 3	
b Total number of participants c Number of participants with complete this item)	account balances as of the end of account balances as of the end of articipants at the beginning of the planticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (only de lan yearan yearararararararar	efined contribution plans  ed benefits that were less  ssed unless reasonable ca have examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established.	48 25 50 37 3	
b Total number of participants c Number of participants with complete this item)	account balances as of the end of account balances as of the end of articipants at the beginning of the planticipants at the end of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instructed signed by an enrolled actuary, a	the plan year (only de lan yearan yearararararararar	ed benefits that were less ssed unless reasonable ca have examined this return/re ic version of this return/repo	5a 5b 5c 5d(1) 5d(2) 5e use is established.	48 25 50 37 3	
b Total number of participants c Number of participants with complete this item)	art the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/repoil  y v LS//e	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app rt, and to the best of r	48 25 50 37 3 Discable, a Schedule my knowledge and	
b Total number of participants c Number of participants with complete this item)	art the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction signed by an enrolled actuary, applete.	the plan year (only de lan yearan yearararararararar	ed benefits that were less ssed unless reasonable ca have examined this return/re ic version of this return/repo	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app rt, and to the best of r	48 25 50 37 3 Discable, a Schedule my knowledge and	
b Total number of participants c Number of participants with complete this item)	at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete.	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/repoil  y v LS//e	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app rt, and to the best of r	48 25 50 37 3 Discable, a Schedule my knowledge and	
b Total number of participants c Number of participants with complete this item)	articipants at the beginning of the planticipants at the beginning of the planticipants at the end of the planticipants at the beginning of the planticipants at the end of the end o	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/re ic version of this return/report  X LS//LE  Enter name of individ	5a 5b 5c 5d(1) 5e use is established. port, including, if apprt, and to the best of relationship as plan actual signing as employed	48 25 50 37 3 blicable, a Schedule my knowledge and dministrator	
b Total number of participants c Number of participants with complete this item)	at the end of the plan year account balances as of the end of articipants at the beginning of the plan year terminated employment during the or incomplete filing of this return ther penalties set forth in the instruction of signed by an enrolled actuary, applete.	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/re ic version of this return/report  X LS//LE  Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. port, including, if app rt, and to the best of re back use is established approximately including and the second relationship in the second	48 25 50 37 3 blicable, a Schedule my knowledge and dministrator	
b Total number of participants c Number of participants with complete this item)	articipants at the beginning of the planticipants at the beginning of the planticipants at the end of the planticipants at the beginning of the planticipants at the end of the end o	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/re ic version of this return/report  X LS//LE  Enter name of individ	5a 5b 5c 5d(1) 5e use is established. port, including, if apprt, and to the best of relationship as plan actual signing as employed	48 25 50 37 3 blicable, a Schedule my knowledge and dministrator	
b Total number of participants c Number of participants with complete this item)	articipants at the beginning of the planticipants at the beginning of the planticipants at the end of the planticipants at the beginning of the planticipants at the end of the end o	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/re ic version of this return/report  X LS//LE  Enter name of individ	5a 5b 5c 5d(1) 5e use is established. port, including, if apprt, and to the best of relationship as plan actual signing as employed	48 25 50 37 3 blicable, a Schedule my knowledge and dministrator	
b Total number of participants c Number of participants with complete this item)	articipants at the beginning of the planticipants at the beginning of the planticipants at the end of the planticipants at the beginning of the planticipants at the end of the end o	the plan year (only de lan year	ed benefits that were less  ssed unless reasonable ca have examined this return/re ic version of this return/report  X LS//LE  Enter name of individ	5a 5b 5c 5d(1) 5e use is established. port, including, if apprt, and to the best of relationship as plan actual signing as employed	48 25 50 37 3 blicable, a Schedule my knowledge and dministrator	

	Form 5500-SF 2016		Page 2							
c	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan, is it covered under the PBGC in the plan is a defined benefit plan is a defined benefi	an independ and condition not use Form	lent qualified public ns.) n 5500-SF and mu	accoun	ad us	QPA) e Fori	n 5500.	X Yes No		
	art III   Financial Information	B 1940 (1940)								
<del></del>	Plan Assets and Liabilities	5 2 5 5 5	(a) Beginning	27621	$\overline{}$		(b)	2399160		
_ <u>a</u>		7a 7b		2/021	04	11770-		2399160		
_ <u>c</u>	Total plan liabilities	76 7c	-	27621	84		-	2399160		
8	Income, Expenses, and Transfers for this Plan Year	e uz na men	(a) Amou		-					
_	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	131	78			(b) Total		
	(2) Participants	8a(2)		1317	85					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1320	94					
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						277057		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6382	59					
e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e		182	22					
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					640081			
i	Net income (loss) (subtract line 8h from line 8c)	8i		Yan e			-363024			
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics	S- X- X-11.								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature code	s from the List of P	lan Cha	racteri	stic Co	odes in the	e instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes	from the List of Pla	n Chara	acteris	tic Co	des in the	instructions:		
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Amount		
а	Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fidu	ciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			40.	Y		CHIE	230016		

X

Х

X

X

3546

27884

10d

10e

10f

10g

10h

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under

f Has the plan failed to provide any benefit when due under the plan? .....

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) .....

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

2520.101-3.) .....

exceptions to providing the notice applied under 29 CFR 2520.101-3...

the plan? (See instructions.)....

by fraud or dishonesty?.....

_	•	
Page	3-	1

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?				ים	res 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	netructions or	d enter	the date	of the lette	r rulina
a	granting the waiver.		Day		Year_	a runing
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.				
b	Enter the minimum required contribution for this plan year		. 12b			
С.	Enter the amount contributed by the employer to the plan for this plan year		12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		$\Box$	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
	Has a resolution to terminate the plan been adopted in any plan year?			Yes	x N	0
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Ī		
b		ught under the			Yes X	No
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), idea which assets or liabilities were transferred. (See instructions.)		s) to			
1	3c(1) Name of plan(s):	13c(2	) EIN(s)		13c(3	) PN(s)
Part	The state of the s		14h	Trust's E	- INI	
14a	Name of trust		140	irust's c	:IIN	
14c	Name of trustee or custodian		200000000000000000000000000000000000000		s or custodi ne number	ian's
Pari	IX IRS Compliance Questions		-			
	20	☐ Yes		1	No	
15a	Is the plan a 401(k) plan? If "No," skip b					
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ safe	gn-based harbor ent year	L	Prior ye test	ear" ADP
		☐ ADP		L	N/A	
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ration percent	o entage		verage enefit test	□ N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?				No	
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR: the letter and the serial number		r or advi	sory lett	er, enter the	e date of
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, letter	enter the date	of the m	ost rece	ent determir	nation
	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not se service?	Service Service State of Service State of Service Serv	Yes	s [	] No	
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?		Yes	3 [	No	